



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4240

SERIAL NUMBER 10/720,616	FILING OR 371(c) DATE 11/24/2003 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 03-12495
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS
 Vincent Ardizzone, Port Jefferson, NY;
 Thomas Bove, Spokane, WA;

**** CONTINUING DATA *******
 This application is a CIP of 10/318,552 12/13/2002 ABN which is a CIP of 10/087,135 02/28/2002 PAT 6,648,812 which claims benefit of 60/272,384 02/28/2001 *SL*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 02/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Sara Testa</i> Examiner's Signature	<i>SL</i> Initials			

ADDRESS
25189

TITLE
Magnetic foot therapeutic apparatus

FILING FEE RECEIVED 624	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---